USE OF FACILITY REQUEST
Staff Members

Staff Member: _____ Date:_____

Facility Desired:_____

Date(s) of Use: _____

Event Start Time:_____Event End Time:_____

Will Maintenance/Custodial staff be needed for entry/lock-up/cleanup?_____

Open Building Time: _____Close Building Time:_____

Purpose:

_____

Any special instructions or request:

_____

_____

_____

Office Use Only

Availability of requested facility reviewed:_____

APPROVED:

_____ _____

Building Principal Date

_____ _____

Superintendent Date

Cc: District File
Building Principal
Staff Member
Building & Grounds